PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/643,878			ing Date 20/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)		OR	RATE (\$)	
\vdash	BASIC FEE	-	N/A	.ED NUI	NUMBER EXTRA		N/A	FEE (\$)	ł	N/A	FEE (\$)
⊢	(37 CFR 1.16(a), (b),	or (c))					1407		1	16/1	
Ľ	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A			N/A	
Ш	(37 CFR 1.16(a), (p),		N/A		N/A		N/A		1	N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *			1	x \$ =]	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings exc sheets of paper, the application size is \$250 (\$125 for small entity) for ea additional 50 sheets or fraction there 35 U.S.C. 41(a)(1)(G) and 37 CFR 1								
	MULTIPLE DEPEN	7 CFR 1.16(j))	1]					
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	
	APP	OED - PART II	_	OTHER THAN SMALL ENTITY OR SMALL ENTITY							
AMENDMENT	12/30/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1 160))	• 12	Minus	20	= 0	1	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	 3	= 0	1	x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		=	1	x \$ =		OR	x \$ =	
N	Independent (37 CFR 1,16(h))		Minus	***		1	x \$ =		OR	x \$ =	
ä	Application Size Fee (37 CFR 1.16(s))]]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

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